DOCUMENT RESUME

ED 177 381 CG 013 803

AUTHOR Miller, Gary M., Ed.
TITLE Carolina Counselor 1979.
INSTITUTION South Carolina Univ., Columbia. School of Education.
PUB DATE 79
NOTE 79p.

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Assertiveness; Child Abuse; *Counseling; *Group Relations; *Occupational Guidance; Older Adults; *Peer Counseling; Physically Handicapped; Religious Factors; *Retirement; *Vocational Counseling

ABSTRACT

This anthology contains eight papers given at a symposium which brought faculty and graduate students together to share their interests and views about the counseling profession. It explores a wide variety of topics: the need for preretirement counseling, the views of elementary counselors regarding their responsibilities in working with the parents of disabled children, ideas for counselors who wish to have career counseling and placement programs at a minimal cost, Christianity and counseling from a person perspective, extending mental health services to the elderly using a consultation and peer counseling approach, premarital pregnancy and out of wedlock births as they relate to child abuse, seating positions and group interactions, and the use of assertiveness training as it relates to therapy with couples. (Author)

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ED177381

Carolina Counselor
1979

Presented
by

The Faculty
in
Counselor Education
and
Rehabilitation Services Training Program

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FOREWARD

Acceptance of the Carolina Counselor by the higher education community, as well as by the field practitioner, has been truly phenomenal. There was clearly a need for a practical, applied publication which featured both experienced professional people close to the local scene, and fledgling professionals eager and able to make that first significant contribution.

For three years the Carolina Counselor has been uniformly of high quality. This fourth effort appears to be following in that sound tradition. I am one who had an early interest in the helping professions and who continues to look with pleasure on productive scholarship in these fields. I am, therefore, pleased to be a small part in assisting counselors to get their ideas and techniques which they have developed here into more widespread circulation. If, as I believe, the people writing these articles are representative of our professional counselors, the future in Carolina is bright indeed.

Leon M. Lessinger
Dean, College of Education
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INTRODUCTION

The 1979 Carolina Counselors' Spring Symposium was held in conjunction with the 1979 South Carolina Personnel and Guidance Association Convention held on February 8-10, 1979. As with the three previous symposiums, this one brought faculty and graduate students together as they shared their interests and views about the counseling profession.

In the Carolina Counselor, 1979 are eight papers, which were given at the symposium. They explore a wide variety of topics. Mr. Delton O. Bailey Jr. presents a need for preretirement counseling. Dr. Margaret Burggraf and Mr. Charles H. Huber investigate the views of elementary counselor regarding their responsibilities in working with the parents of disabled children. Dr. David Fredrick and Ms. Donna Fredrick provide ideas for counselors who wish to have career counseling and placement programs at a minimal cost. Mr. David Heatherly presents his ideas about Christianity and counseling from a person perspective. Mr. Charles H. Huber explores efforts for extending mental health services to the elderly using a consultation and peer counseling approach. Ms. Nancy Moore investigates premarital pregnancy and out of wedlock births as they relate to child abuse. Ms. Susan Reisinger provides information relating to seating positions and group interactions. Ms. Mackie Ramsey Sosnowski examines the use of assertiveness training as it relates to therapy with couples. As one can see, these are diverse papers exploring numerous areas for the counselor.

Special thanks is given to Dean Leon Lessinger, Dr. Walter R. Bailey, and Dr. Lee Baruth, who have supported the efforts of the faculty and graduate students in counselor education at the University of South Carolina. Dr. Johnnie McFadden helped in the development of the cover of the Carolina Counselor. Dr. David Mahrer, President-elect of the South Carolina Personnel and Guidance Association and Program Chairman for the South Carolina Personnel and Guidance Association Convention was most helpful in having the Carolina Counselors' Spring Symposium held in conjunction with the convention. A final special thanks goes to Ms. Lela Anastasion who typed each draft of this effort and who remained calm throughout some trying times.

It is a pleasure to present these papers to you. It represents a concerted effort of professionals who are interested and dedicated to the helping profession of counseling.

Columbia, South Carolina
1979

Gary M. Miller

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A Need for Preretirement Counseling

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A Need for Preretirement Counseling

The realization that older Americans now constitute ten percent of our population has caused some state and federal legislators to give thought to establishing additional programs for this growing constituency. Preretirement counseling for state and federal workers is one of the programs being considered (Rubin, 1978). For the purpose of this research, the terms retired, aged and older American will apply to persons 65 years of age and older.

Counselors could be a viable force for providing the state and federal government with the data necessary for a preretirement program based on documented research and personal experience. The data could be used to determine the goals for a preretirement program, and the training required by the personnel that would be serving as preretirement counselors. Unfortunately this is not the case. Among the several books published on the subjects of psychometrics, biology, and psychology, and the aged, few books or articles have been written by counselors on topics related to the aged. In the past ten years, the Personnel and Guidance Journal has printed only 18 articles related to older Americans and half of those articles were in the November, 1976 issue.

Statistics reveal that:

1. The number of people over 65 has increased nine percent since 1970.
2. Nearly one out of every five Americans is now over 55 years of age.
3. By the year 2000, the projected average voluntary retirement age will be 55, and the population of Americans over 55 will grow from the present figure of 41 million to 56 million (Entine, 1976).

To meet the requirements of the current and future population of retired Americans, high priority must be assigned to research designed to develop preretirement counseling programs for the aged. The present lack of research on the aged by counselors may be a result of the negative attitude of youth and middle-aged people toward Americans of retirement age. Research conducted on attitudes about old age, revealed that in a group of 147 graduate students, negative stereotypes of old age prevailed despite the students' knowledge of psychology. Unfortunately this same mentality still expresses the feelings of too many Americans today. Old age is thought of as such a depressing state that we must never admit that anyone has finally entered it, even a person in their 60's is only moving toward old age (Kastenbaum, 1964).

A contributing factor to the negative attitude toward the old is a lack of contact with the aged. Studies of attitudes of the young and middle-aged based on frequency of contact indicate this may be a factor. The research was conducted in three areas; a college campus, a geriatrics institution, and a Veterans Administration Hospital. The conclusions were that people that had more direct contact with a variety of old people were less negative in their attitude toward the old (Bennett, 1976).

Involvement with the aged through a preretirement counseling program would permit counselors to use their skills to help plan realistic and meaningful experiences for the retired, and diminish the negative attitude toward the aging process that is now pervading our society. Professional counselors could discover a unique challenge for their skills by working in this phase of human development. Preretirement counseling designed to provide the retired with relevant data to help the individuals establish their specific plan for retirement could be the counseling profession's contribution to the aged of America.

Counselors that choose to work with the retired, would be required to complete a comprehensive training program consisting of the following areas:

1. Counselor self-evaluation to enable them to understand their own bias, fears, and anxiety about their own aging.
2. Methods of teaching interpersonal communication skills to the retired.
3. Development of learning experiences to relate problem solving and decision making to the retired.
4. Health care, educational, and vocational planning for the retired.
5. Financial planning and community services for the retired.
6. An understanding of the dynamics of the effect retirement has on self concept.
7. Effective use of leisure time by the retired.
8. A thorough knowledge of the wide range of psychological and physical changes that are appropriate with older people and the methods to adjust and/or compensate for the change.
9. The effects of retirement and aging on sexual activity.
10. Counseling with the family of the retired person to prepare them for the emotional, economic, and social changes that will effect the family of the retired person.

A thorough explanation of the salient points of any one of the forenamed areas would provide fertile ground for research for counselors. The research would help eliminate stereotyped notions about the retired, presently held by the general public and some members of the counseling profession. For the counselor working with the retired, it would enable one to find the reasons behind the response, to uncover the potential of the individual that may be hidden from the counselor and the subject as well (Gentry, 1977).

To perform preretirement counseling the counselors must understand their style of life and their personal knowledge of and reaction to the words retired and aged. It will be necessary for them to know if their personal style of life is an expression of freedom, reflected in youth orientated apparel, behavior, and vocabulary, or the result of apprehension and reluctance to acknowledge the reality of their own biological aging. This knowledge is not needed as a change agent for the counselors' life style, but to let him or her know their own true values on the subject before they attempt to help others that may have already resolved that particular conflict without professional help.

Counselors must also realize that as an employed person they may be regarded with a degree of hostility by the person they are counseling. A formal discussion of retirement, regardless of how well intended, is the first step from employment to unemployment. To understand the psychological impact retirement has, the counselor must realize the importance of work in our society. Americans are identified with or by their occupation. When answering or asking questions regarding personal identity, the place or type of work is one of the first areas discussed. This is not unique in our society, or time. A review of the Anglo-Saxon surnames will reveal many that were derived from the individual's occupation e.g., Plainer, Goldsmith, and Joiner.

A separation from this identity is one of the problems facing many of the retired. The person of retirement age has generally complete 30 years of work in a single or several related areas of work. They have become well established in a career and have developed a sense of security and emotional support earned through years of experience performing the same work. Retirement requires more than just the changing of habits and daily routines of a lifetime. For far too many it means unwelcome inactivity, and separation from their source of identity (Super, 1957).

With this loss of identity there may also be a loss of a spirit of community. Urban Americans now work, play, and live in three separate places. This means the average retired person will probably seldom see the co-workers or the familiar working environment they had established a relationship with through the majority of their adult life. The retired worker fears a loss of identity will occur when separated from the working group. By themselves they may feel isolated, meaningless. Social critic, William H. Whyte believes people are presently motivated by social considerations, not toward achieving as much as toward being accepted as part of a group (Wrightsman, 1972). The preretirement counselor must be aware of the value that the retired place on this relationship and communicate this information to the individual they are counseling.

Effective preretirement counseling must do more than just transmit information, a plan should be developed and goals established. To estab-

lish realistic goals for a preretirement counseling program an understanding of human personality and motivation is needed. Maslow's theory of personality may be used to demonstrate the psychological condition of the person nearing retirement, and provide a theoretical base for preretirement counseling.

Abraham H. Maslow has authored or co-authored over 100 different books and articles on human behavior. His basic theory is that man has five needs:

1. Physiological needs
2. Safety needs
3. Belongingness and love needs
4. The self-esteem needs, and
5. The need for self-actualization

These needs are physiological and psychological with the physiological needs taking precedence in the hierarchy. The psysiological needs are: air, water, food, rest, and the satisfaction of the sexual urge.

The safety needs are both physical and psychological in nature. Physical safety needs, of course, are primary. The psychological safety needs are, however, the ones most often thought of in this connection. They stem from the desire for protection of the physiological needs.

Belongingness and love needs that result from human needs for acceptance from others as well as a need for significant relationships, the love between a husband and wife or parent and child.

The need for self esteem that results in a person being able to say "I can respect what I see."

The need for self-actualization is the need for a person to attain their maximum potential (Possick, 1969).

In Maslow's theory, security is considered as a basic need and as such has a highly significant effect on human behavior. During the last few years prior to retirement, the individual becomes more aware of the mass of protective stereotypes that control hiring practices, promotions and admission to education programs sponsored by employers. The statements: old people can't learn, are slow and hard to get along with, and are not worth training; may create feelings of insecurity and anxiety in the older worker. The worker nearing retirement may begin to experience illness, or increased irritability. These symptoms may well be attributed to the expected retirement and the threat to the individual's security. A University of Michigan study indicates that there is a significant physical and psychological debilitating change in the individual who is pending retirement (Wirtz, 1975).

To help overcome the retirees' anxiety, the myths regarding old age must be confronted with proven research. Old people can learn. A study reported by Golbert and Levee, demonstrated many individual differences occur in both the rate and amount of decline in memory function. Some individuals in all older age groups score better than the mean of the younger group. Some younger persons do not attain the mean of the older group (Hailburg, 1976). However, retired people that decide to seek education must be advised that most teachers are not trained to teach the aged. A survey conducted by Lumeden (1977) reveals that the graduate departments of adult education at 88 universities in the United States were surveyed for information pertinent to their programs in and about aging. Results show that 55 percent of the departments offer no courses dealing exclusively with education and aging (Sanders, 1977).

During counseling with the retired, myths regarding learning, sex, and senility are generally areas the retired may seek information on but is reluctant to ask about. In the area of learning, at sixty, a person can learn the **same** kinds of knowledge and skills that they could when they were twenty. There will be a limit on physical coordination and strength, and more time will be needed to organize new information by combining it with previously acquired knowledge through associative recall (Erp, 1971). In regard to sexual activity, the results of 800 questionnaires revealed that 70 percent of the married men over 65 engaged with some regularity in sexual activity and that the overwhelming majority of them had a generally satisfactory sexual life. The last topic senility reveals that the number of truly senile is comparatively few; even the number of the immobilized aged in institutions is only something like two to four percent of the whole population of people past 70 years of age (McLeish, 1976).

Retirement is not an unexpected crisis in an individual's life. However, what happens to the person after retirement is often too unpredictable. Will the individual remain self-sufficient or will they succumb to premature illness and dependence upon institutional care? A counseling model that will provide the information needed to help remove the anxiety associated with the unknown, will aid the retired person to make the changes that result from retirement without losing their sense of security or self-worth.

Basic counseling skills such as, empathy, eye contact, genuineness, and body language must be supplemented with the ability to model communication and decision making skills. During the decision making process. a retired person's health economic condition and apparent potential must be assigned greater importance than their chronological age. For, the ultimate goal of counseling, for all ages, is to aid the individual in attaining the highest possible degree of development as a human being.

An understanding of Maslow's theory of basic needs combined with gerontological facts will provide the preretirement counselor with an understanding of some of the dynamics associated with retirement. A counselor may, in turn, use this knowledge by helping the retired person to understand that the feelings they have are not unique, that other people share them, and that the retired person still has the potential to become everything that the person can become. This, as I see it, is a reason for preretirement counseling.

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The Elementary School Counselor as Consultant to Parents of Disabled Children: A Survey Report of Current Practices and Inservice Needs

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The Elementary School Counselor as Consultant to Parents of Disabled Children:

A Survey Report of Current Practices and Inservice Needs

Like parents of any children, parents of disabled children are needed and expected by school personnel to assist in their children's educational development. Consequently, those persons working in the schools need to have the knowledge and skills necessary to deal with these parents as well as with their children. With the passage of PL 94-142, and the concept of mainstreaming: that free, appropriate public education, in the least restrictive environment, be available to all handicapped children (Ryor, 1977), it is even more crucial that means of assisting these parents be more readily available. It might well be expected that elementary school counselors will be key persons in providing this assistance.

The importance of determining the focus of training for those presently preparing to become elementary school counselors as well inservice needs of currently employed counselors in working with these parents is obvious. The present study was therefore conducted to determine the present status and perceived training needs of elementary school counselors in the State of South Carolina in working with parents of students with disabilities (i.e. physical, mental, emotional, or learning). Essentially, the answers to the following questions were sought: 1) What specific areas of concern do counselors presently encounter the most in their contacts with parents of students with disabilities? 2) What specific areas of concern in their work with parents of students with disabilities do counselors feel information and/or inservice training should be provided them?

Method

Subjects

The subjects for this study were 53 school counselors employed in South Carolina public elementary schools.

Procedure

A listing of all currently employed South Carolina public school elementary counselors was obtained from the State Department of Education. In total, there were 266 counselors listed. From this list, 53 names were randomly selected. The process of selection entailed choosing every fifth elementary school counselor as noted in the listing.

Each of the individuals was then mailed a questionnaire designed for this study by the authors. If the survey questionnaire was not returned after two weeks, a follow-up letter and another copy of the questionnaire was mailed. Totally there were 37 (70 percent) usable returns which composed the subjects of the study. Six additional questionnaires returned

had incomplete data (N=5) or the subject was no longer at that address (N=1).

The questionnaire was initially piloted with fifteen counselors-in-training to determine and remediate any deficits. The questionnaire was composed of two identical lists of fifteen areas of concern in which counselors might come into contact with parents of students with disabilities. Each of the fifteen areas was first stated and then further defined by more specific examples relevant to that area. On the first list, the subjects were asked to choose those five areas relating to parent consultation in which they felt information and/or inservice training should be provided for presently employed school counselors. They were further asked in choosing to rank order their five choices from "1" to "5" with "1" indicating "should be emphasized the most" to "5" indicating "should be emphasized the 5th most." On the second list, the subjects were asked to choose those five areas which they presently encounter the most in their contacts with parents of students with disabilities. They were further asked in choosing to rank order their five choices from "1" to "5" with "1" indicating "encountered the most" to "5" indicating "encountered the 5th most." The questionnaire was developed to provide answers to the previously stated questions.

Results

The first list contained fifteen areas of which the subjects were to choose five, rank ordering those five choices. The area ranked "1" by a subject was assigned a value of five, with other ranks being assigned their values following in reverse order to a rank of "5" being assigned a value of one. A composite judgement of the final rankings of the areas was determined by the sum of the values of each item with the highest total indicating the area to be most emphasized to the lowest total indicating the area to be least emphasized.

The manner in which the sample of school responded noted three areas as distinctly being those in which they most need information and/or inservice training: a) assisting parents work with their child helping him or her deal with problems of adjustment resulting from the disability, b) child management techniques (discipline), and c) assisting parents to deal with their own adjustment to their child's disability. Rankings of all fifteen areas with the summed values noted are presented in Table 1 under the heading "Perceived Training Needs."

The second list contained the same fifteen areas as the first and the rank ordered scores were tallied and given values similarly as in the first list. As in the first list, three areas stood out plainly from the others. The counselors indicated that they currently work most with parents of students with disabilities interpreting testing and evaluation results. Those other areas encountered most frequently were as rank ordered: a) child management techniques, and b) school services infor-

mation (parent education and/or counseling groups, and special programs for their child). Rankings of all fifteen areas with the summed values noted are presented in Table 1 under the heading "Present Status."

Table 1

Elementary School Counselors and Parents of Students with Disabilities

Abbreviated area of concern	Perceived Training Needs		Present Status	
	Total/Rank Values	Rank	Total/Rank Values	Rank
Assist child w/adjustment problems	94	1	47	5
Child management techniques	77	2	70	2
Parents' adjustment/child's disability	69	3	32	9
Social skills training for child	49	4	31	10
Knowledge of child's disability	48	5	41	6
Educational & career decision-making	46	6	34	8
Results of testing/evaluation	44	7	104	1
School services	42	8	69	3
Community services	34	9	49	4
Personal skills education for child	22	10	12	11
Community attitudes toward disability	9	11.5	11	12.5
Rights of parents	9	11.5	38	7
Family support services	5	13.5	6	14
Financial costs	5	13.5	11	12.5
Leisure time activities	2	15	-	15

Implications

The results of this survey indicate that elementary school counselors have adequate knowledge of, and skills in reporting testing and evaluation results, explaining and providing in-school services, and probably also in making referrals to community agencies and professionals offering specific services. Suggested strongly however, is a need for information and/or training in providing parents of disabled students with more effective child management techniques and means of helping them assist their children cope with adjusting to their disability. This is noted especially as these two areas were ranked second and fifth as being most encountered in contacts with these parents. Counselors also seek information and training so they may help parents themselves in adjusting to their child's disability.

While it is beyond the scope of this article to provide indepth information concerning these areas, a basic understanding of them can assist counselors to be more facilitative when parents present these concerns. Supported by later inservice endeavors or further personal preparation, greater proficiency can be achieved. This may provide a basis from which to begin.

Parents' adjustment to child's disability

All parents have an image of the way they would like their children to be. This image reflects perceptions of themselves and other significant persons in their lives. Included is also the cultural stereotype of the "ideal child" with the attributes of perfection enabling him or her to successfully assume the roles society assigns its members. Further expectations include achievements developed by the parents in their fantasies. The stereotype of the father buying a football for his newborn son represents a common example of this. Often these expectations come to be contradicted by reality for the parents of a disabled child. Whether at the time of birth when obvious differences are apparent, or later when performance differences are recognized, the discrepancy between expectation and reality causes parents to experience a loss and its accompanying feelings of grief.

Counselors will need to recognize and assist parents work through those feelings of grief. Kubler-Ross (1969) has characterized this adjustment process as occurring in five stages: denial, anger, bargaining, depression, and finally, to some degree of acceptance. Huber (1979) provides guidelines for facilitating parents' growth through this process. He notes that the stages are normal, although not all parents experience all stages of the process. Often parents will stay in an early stage; such action is their way of coping and should be accepted by the counselor. One parent (Weiss, 1977), the mother of a child born severely disabled, stated that she has struggled and continues to struggle to acquire a degree of acceptance. She believes that total acceptance of her daughter's

disabilities is not possible for her. As a counselor, it would be important to recognize such a struggle and accept is as a way of coping. Permit parents ot proceed at a self-determined pace. Help them to know and utilize their own coping resources, whatever they may be.

Elementary school counselors will help parents he more accepting of their child and his or her disability if counselors themselves are more accepting of parents. It might be helpful to think of parents as people first, parents second, and parents of a child with special needs third. Oftentimes, knowing that there is someone in their world who knows, cares, and will help, provides the encouragement parents need to begin accepting their child's disability.

Most importantly, encourage parents to see that their child is a child first and a child with special needs second. Pearl Buck (1950), mother of a disabled child called upon parents stating,

> Be proud of your child, accept him as he is and do not heed the words and stares of those who do not know better. The child has meaning for you and for all children. You will find a joy you cannot now suspect in fulfilling his life for and with him. Lift up your head and go your appointed way. (p.59)

Assisting parents to assist their child with adjustment problems

Their (family members) attitudes toward him (the child with the disability) as a person will have great authority over the attitudes he will have about himself. Their feelings about his impairment will affect his feelings toward it. For better or for worse, his first and most influential counselor will always be his family. (Buscaglia, 1975, p. 119)

Helping parents to help their child adjust to his or her disability can be a most challenging task. This is so because it often requires helping the parents deal with their adjustment to their child's disability before they can ever be of assistance to their child. Parents can never help their child until they have helped themselves. When first confronted by parental requests for assistance in facilitating their child's adjustment to his or her disability, counselors must judge where the parents are in this regard. They must then, if necessary, initially deal with the parents' adjustment. When the parents are able to accept their child's disability and see their child as a child first, they will then be able to help their child towards acceptance. Parents who have been assisted through the stages to acceptance as previously outlined can in turn lead their children through the same process to whatever extent the child experiences them.

The guidelines are easily adapted for use by parents with their children. Teach parents to help their children identify and accept their

feelings. Help them to help their children realize that there will be periods of difficulty when improvements will not be evident. Show them the importance of respecting the child's right to be where they are at any given point in time. Encourage them to provide their children with accurate answers to questions. Most importantly, stress the fact that by valuing the child as a person in his or her own right, the child will learn to value him or herself in like manner.

Child management techniques

When parents have acquired some degree of acceptance of their child's disability, it becomes evident that many characteristics of children without disabilities are common to children with disabilities. Discipline, for example, is necessary for the social development of any child; special needs do not make a difference.

Parents must learn to understand that all children have two major responsibilities; the first is to learn to play, the second is to learn discipline. Practical principles of child rearing apply. The difference is only in the limitations imposed by the child's disability (Buscaglia, 1975). Discipline encourages uniqueness in self actualization. The responsibility rests with parents to see to it that their children are given the structure from which to develop that actualization whether or not the child is disabled.

Dreikurs (1964) discusses the importance of being firm, fair, friendly, and consistent in the dispensing of imposed discipline. Parents of all children find that being consistent is the most difficult, yet important. Parents must also understand that their love should not protect their child from life and its consequences, but rather encourage him or her to experience it to its fullest. Successes and disappointments, joys and sorrows, accomplishments and frustrations are necessary experiences in childrens' lives and these experiences help teach children to discipline and manage themselves.

Summary

In order for parents to take an active part in the education of their children, they need support in their endeavors and information about th children as they grow toward adulthood. Each stage of maturity brings varying stresses and crises. Parents will, throughout this time in their lives, benefit greatly from caring and informed professionals who can offer them assistance in this process. These needs are magnified for parents of children with disabilities.

As these children begin their education in the elementary school, counselors can and most likely will be those professionals to offer this assistance to their parents. That they be well informed and able to do so competently is crucial. This research, it is hoped will assist future and presently employed elementary school counselors in preparing to meet these parents' needs.

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How to Develop A Program of Career Counseling And Placement On A Minimum Budget

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HOW TO DEVELOP A PROGRAM OF CAREER COUNSELING AND PLACEMENT ON A MINIMUM BUDGET

The U.S. Office of Education (1970) advocates that all educational experiences, curriculum, instruction, and counseling should be geared to preparation for economic independence and an appreciation for the dignity of work. Their definition of career education is:

> Vocational education in this decade must be conceptualized as lifelong career development for every person who can profit from such a program. Vocational education must now provide the framework for a career education system that will: (1) introduce the elementary school child to the world of careers; (2) provide exploration, guidance and counseling for career choices throughout elementary and secondary education; (3) provide specific skill training, job cluster skills, or pre-technical education at the secondary level; (4) provide pretechnical and significantly more technical education at the secondary and post-secondary levels; and (5) provide upgrading and retraining opportunities through adulthood (Hoyt, 1970).

The responsibility for a comprehensive career education program should be distributed equally throughout the school system. The guidance counselor should not be put in a position where he becomes totally responsible for the program, although his knowledge of developmental theory and the different models of career education make him a potentially valuable contributor to the initial development.

Career counseling and placement is only one aspect of the total career education program, but it is the part to which counselors are mostly responsible. On the following pages is a brief step-by-step guide that school counselors may wish to use within their school to help in the development of a career counseling and placement program.

STEP #1 - School Orientation to Career Education

Knowledge of the need for career education within the school is not equally distributed. A very informal survey of school personnel will probably show that some individuals are quite aware of the need for increased emphasis on careers and have some definite ideas and plans about how to implement the career concept into their curriculum. Other school personnel may be very unfamiliar with even the most general aims and objectives of career education. The problem at this stage is to somehow equalize the knowledge concerning career education. Because we have

learned from experience that knowledge is only as good as the commitment, we have to follow through with our ideas, we need to stress the importance of establishing school wide commitment. Here are some activities which should (1) equalize the knowledge of career education, and (2) help develop a school wide commitment to the career education concept.

1. Provide all school personnel with copies of articles, handouts, et cetera, pertaining to career education. Often times you may receive career information as part of an in-service training course. Have your school secretary mimeograph this material and distribute it to the teachers.

2. Ask your art teachers to make career folders for each teacher so they have a place to put all career education materials. This works much better than putting just one folder in the teacher's lounge and should help motivate them to keep up with new ideas. The art teacher can assign this task to students as a class project which will also elicit interest on the part of the students.

3. Use your career information posters freely. Wherever you find a bulletin board, put up a career poster. This will generate interest from both teachers and students, as well as increase student awareness of different occupations.

4. Attempt to establish a program of in-service training. In-service training is probably the single best way of increasing school awareness to the career concepts as well as providing teachers with an opportunity to discuss the various methods of implementing career education into their curriculum.

STEP #2 - Suggestions on How to Develop Community Support for Career Education

Much of the placement activities conducted through your program will depend to a large extent on the degree of community support. Ideally, you would want business leaders in the community to support your efforts by agreeing to hire students whenever a position becomes available. Many workers in the community have the knowledge to help your students, if they are given a chance to become a part of the school program. Listed below are some steps that should help you.

1. Use a community volunteer as part of your school activities whenever possible.

2. Using 5 x 8 cards, make some Community Resource Cards. Below is an example of the Community Resource Card. This card can be given to community members on an individual basis, passed out to groups at club meetings, or sent through the mail. Once you have a sufficient

sample of cards returned, you can begin to develop a "Community Resource Guide" which will:

a. aid teachers and other school personnel in obtaining a volunteer to discuss a particular career area.
b. generate community interest in your school.
c. help develop career day activities.
d. provide students with a source of potential job opportunities.

COMMUNITY RESOURCE CARD

NAME: _____

JOB TITLE: _____

ORGANIZATION YOU REPRESENT: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____

Would you be willing to participate in any of the following activities? Please circle those that apply:

yes no 1. SPEAK TO A GROUP OF STUDENTS about careers or job activities in your particular field?

yes no 2. Be willing to serve as a RESOURCE PERSON AT A SCHOOL CAREER DAY?

yes no 3. Allow a small group of students to TOUR YOUR BUSINESS?ORGANIZATION?

yes no 4. Be willing to provide the "Career Information Center" located at _____ High School with information about your business or occupational field?

yes no 5. PARTICIPATE IN THE HIRING OF NEW GRADUATES or students on a part time basis, in the event a job vacancy exists in your company?

STEP #3 - Suggestions on How to Develop a Career Information Center

Once your project gets off the ground, you will steadily increase the amount of materials pertaining to career fields. You should be thinking about a place to display this material, a place which can be

identified as a source of career information for all students, teachers and other school personnel. This location can be termed the Career Information Center. Following are some ideas to help you:

1. Secure a room divider from storage. Block off a small section of your guidance lounge area with this room divider. Place your posters on the divider to add color. Your student helper can make a sign out of construction paper.

2. In place of a room divider in the guidance lounge, you might try securing a corner of the library which can be identified as a career center. How about a spare closet of moderate size? This space may also serve as a small office for a student helper or two.

STEP #4 - Where and How to Get Career Information to Stock the Center.

1. A follow-up study of past graduates can provide such information as:

   a. what types of jobs have past graduates found.
   b. what individuals have been most helpful in the student's occupational plans.
   c. what kinds of salaries can graduates expect.
   d. what percent of graduates moved out of the community to find a job.

2. Write for free materials. This is perhaps the easiest method of securing career information. Below is a sample letter which may be mimeographed on school stationary:

Dear _____:

Our school system is currently attempting to compile career information for our students. We would appreciate any free materials concerning careers that you can supply.

We are especially interested in _____.

Sincerely,

John/Jane Doe
Guidance Counselor

---

3. There are two publications which list most sources of free materials:

a. CAREER INDEX published by Chronicle Guidance Associates, Moravia, New York 13118.

b. TEACHER/COUNSELORS GUIDE TO FREE MATERIALS available through Educators Progress Service, Inc. 200 Center St. Randolph, Wisconsin 53956.

4. Vocational and technical institutes are another source of career materials.

5. Employment Security Commission or Job Service - your local state employment office can supply you with vast amounts of free career materials.

6. Other sources include:

a. private schools in the area.
b. city/state labor relations office.
c. Chamber of Commerce.
d. four-year colleges.
e. commercial publishers are a good source of materials, but normally there is a fee for their publications.

STEP #5 - Suggestions on How to Display Your Information

1. Display racks. Ask your industrial arts/shop teachers if they can make some display racks. They may want to assign this to students as a class project.

2. Magazine Racks. Old magazine racks make an ideal method of displaying materials. Often when stores go out of business they will sell their old magazine racks at an extremely reasonable price. How about the junk yard or the community garage sale? Check around, most often these are collecting dust in a back room where someone would be happy to give them away or donate them to the school.

3. Career Bulleting Boards. Make a career bulleting board. You may already have a spare bulleting board in the storage room or one that is on a wall but not being used. Put up a sign to identify it as a "Career Bulletin Board." This will help spread the word and generate interest. Use this career bulleting board to display:

a. labor laws and other legal information.
b. a list of new industry locating in the community.
c. any part-time or full-time jobs that are available.
d. help wanted section of newspapers from different cities.

STEP #6 - Suggestions on How to Disseminate Your Career Information

1. Small "career groups" can be arranged during student activity periods.

2. Career counseling on an individual basis.

3. Guest Speakers. Invite guest speakers from the community to represent their particular career field or to talk about what things they look for in their workers. Your community resource guide will supply you with the names of individuals who have already agreed to discuss their career field with students.

4. The counselor may act as a consultant and resource person to help teachers present career information to their students.

5. Establish a "Career Day" or "Career Fair" at your school. This is really very simple if you have followed step #2, because you already have the names of those individuals in the community who have volunteered to set up a display. Now it is just a matter of coordinating the time and place.

6. Encourage teachers to use the Career Information Center as a research center for student projects related to occupations.

7. Make use of the local film libraries. If you have a local vocational-technical institute or community college, they will have films, slides, tapes, records, and books which pertain to careers and can be made available to your students. Make a list of these so your students and teachers can order them.

STEP #7 - Suggestions for Student Placement Activities

Placement of students on part-time and full-time jobs is an important part of any comprehensive career development program. Although much can be learned about jobs through multimedia presentations, research has shown that interests, work values, and work attitudes change as a result of direct contact with the world of work (Herr, 1974). Listed below are some suggested placement activities:

1. Use your community resource cards to solicit part-time and full-time jobs through community business leaders. When you do become aware of a vacant position, place the job description on a 3 x 5 card and post it on the placement bulletin board.

2. Use newspaper advertisements. Perhaps your local newspaper will donate space once a month so your students can place ads for part-time jobs. To protect yourself in this case, request that those students

interested in placing an ad in the newspaper write out the advertisement on a 3 x 5 card and have their parents sign approval.

3. Radio Advertisements. Once again, the local radio station is another source of free advertising. Some stations have a "community swap shop" or "trading post" where one can have an advertisement read over the air for no charge.

4. Develop a good working relationship with the state job service. Many times the state employment office becomes aware of part-time jobs but they do not think to notify the schools. You can reverse that trend.

5. Contact the State Department of Vocational Rehabilitation. The State Department of Vocational Rehabilitation will generally do some placement of students in special education classes or those students with a physical, mental, or social/cultural handicap to employment.

6. Encourage students to use the Job Bank Printout at the local Job Service Office. This printout will give students a list of all jobs available in the state on a day-to-day basis. It will also give such information as starting pay, educational requirements, fringe benefits, and other pertinent information.

Conclusion

This is by no means a comprehensive list of career guidance activities. The good career counselor is limited only by his imagination and willingness to try new approaches and techniques.

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Mental Health Services for the Elderly:

An Outreach Consultation/Peer Counseling Approach

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Mental Health Services for the Elderly: An Outreach Consultation/Peer Counseling Approach

In the United States today there are 21,000,000 Americans over 65 years of age. This comprises over ten percent of the entire population. Although making up a substantial portion of the population as a group, the elderly have been devalued culturally and physically to the point wherein many have grown to view themselves as helpless, worthless, unproductive, and dependent upon society. A result of these attitudes is that the elderly are a high-risk group in the area of mental health. Anxiety, depression, low self-esteem, and somatic complaints are frequent responses to the loss and stress sustained during the later years. Twenty-five percent of all reported suicides occur in this age group (Butler, 1975b).

Although their need for mental health services is apparent, the elderly receive a disproportionately small share of these services. Butler (1975a) noted that only two percent to three percent of all persons seen at community mental health centers are over 65. Ingersoll and Silverman (1978) proposed that this paucity of services to the elderly has resulted from: (1) the hesitance of older persons to seek psychological help, and (2) the reluctance of mental health professionals to deal with this group. They suggested several possible reasons for this situation. Myths that the elderly are resistant to change and that aging inevitably leads to senility may affect the amount of time and effort mental health professionals would be willing to invest with this population. In addition, mental health professionals avoidance of the elderly may be related to their lack of experience with this age group and unfamiliarity with the range of treatment modalities found effective with them. Finally many elderly persons are unable to, or would not voluntarily seek assistance in the traditional setting of the mental health center and by virtue of the lack of time and staff, mental health professionals are unable to provide direct services to all those elderly living in the community. Therefore, other resources must be made available if the elderly are to receive necessary mental health assistance. This article outlines one viable means of overcoming the aforementioned concerns while providing a full range of services.

Outreach Consultation

Recent years have seen an increased emphasis on the developmental nature of the community mental health program. With this, the need for more preventive and consultative action has emerged as an important aspect of the role of the mental health professional (Oetting, 1967). In fact Osipow (1971) suggests that the future challenge for mental health personnel will be to become involved in outreach programs and consult with individuals who affect others.

Recent years have also seen changes in the basic housing patterns of the elderly. Neighborhoods and housing structures comprised of almost all elderly populations have increased tremendously. One type of elderly housing concentration, the "low-rent public housing project" has experienced remarkable growth. From 18,000 dwelling units in 1960, this number increased to over 350,000 in 1972 and is expected to continue to grow (Golant, 1975). These housing concentrations provide a natural target for the focus of a mental health outreach consultation program to assist those elderly who reside there. While it might be noted that older persons living independently in the community may have a greater tendency toward isolation, and therefore a greater risk of mental distress, they are inaccessable due to their isolation. On the other hand, those elderly residing in housing concentrations are highly accessable and often as much in need of services. As Pastalan (1967) reported, twenty-one percent of those sampled in one age-segregated group environment for the elderly stated that they "sit and think" four or more hours a day. With this amount of unattended hours, feelings of isolation and depression appear to be inevitable.

Nicoletti and Flater (1975) remarked that the combination of an increased interest in outreach coupled with a decreasing availability of money has resulted in mental health centers meeting community needs in other ways. Proposed and proven effective by these authors was the utilization of trained and supervised volunteers as a vital contribution in meeting the mental health needs of their community. One type volunteer approach proven to be highly effective in a number of settings has been the peer counseling program. As the purpose of an outreach consultation program is to work with those individuals who affect others, residents of an elderly housing concentration trained as peer counselors would be a most obvious resource for developing close contact with the other residents.

Peer Counseling

Opportunities for the development of better personal adjustment and social competence are numerous in a housing concentration of elderly persons. In most instances certain of the residents usually lead in promoting existing conditions, either to the betterment or detriment, of the personal and interpersonal functioning of the other residents. These persons are often construed as "leaders", their company and advice sought and valued (Stevens, 1973). In this role, these persons although untrained, many times perform counseling functions. They would therefore be natural persons to call upon to work as peer counselors.

The initiation of the peer counseling program should be a collaborative effort between the mental health consultant and those persons serving as management or supervisory personnel in the housing concentration. These persons would be able to assist in providing facilities and identifying the above mentioned "leaders" as well as any other individuals they felt would have the potential and desire to become part of the program. The consultant would serve in establishing criteria for this selection procedure and

then screen and be screened by the applicants personally.

It is essential that a sense of trust be established between the consultant and those chosen as peer counselors as early as possible. This trust is vital to the consultative relationship. Trust as used here is defined as the acceptance of and confidence in each others' ability and integrity. Both the consultant and the peer counselors will have abilities and frames of reference with which to compliment one another in understanding the residents' various situations. Peer counselors will be reluctant to seek the help of the consultant if that help is perceived as admitting failure. Similarly, the consultant will not seek help from the peer counselors about one of the residents if this is viewed as a lack of competence. Seeking assistance from each other must be viewed as a means of increasing the ability of both to understand and meet the needs of all the residents.

While this ability to trust is essential, it is also important that this trust be communicated. All those involved have a special competency to contribute to the consultative process and these competencies should be recognized. In this recognition, a trusting relationship will be achieved. This can be developed during the initial screening session and continually nurtured in the formal training and beyond.

Scott and Warner (1974) reported that training peer counselors has generally involved the development of interpersonal and human relations skills. They recommended Carkhuff's (1971) model for human relations training. A study by Becker and Zarit (1976) supported the use of this approach with the elderly. Their results showed the model to be an effective means of training older adults to serve as lay counselors.

Further areas for training might include one-to-one and/or group counseling experiences in informal situations. This should all be supplemented by the acquisition of information considered appropriate to the setting and a knowledge of referral sources. The peer counselors will additionally have continued access to the consultant in the form of informal meetings and weekly staffings. This regular contact with the consultant is important as the evidence at present does not warrant the use of peer counselors as a completely separate entity (Scott & Warner, 1974).

Potentials

The peer counselor can function either using an individual or group approach, or both. In the group approach, the peer counselor might initially serve as co-leader of a group with the consultant. Later, these experienced peer counselors could lead their own groups under the supervision of the consultant. Waters (1976) found this approach to be an effective means of preparing older men and women to serve as paraprofessional group leaders in a self-exploration program offered for the elderly in a variety of community centers.

Since peer counselors are actual residents of the community in which they will work, they are most alert to the informational needs of the other

residents. The peer counselors can communicate these needs to the consultant who can respond by sharing or seeking the desired information. Or, the consultant might request various resource persons to speak to the residents regarding the functions of their particular agency as well as what services and/or information they provide.

The consultant can also make available different forms of informational resources to the peer counselors that they might find beneficial in their helping relationships with the other residents. In this way, peer counselors can serve the function of informational resource persons from whom the other residents can seek assistance for decision making.

Most times, mental health professionals are called upon only in crisis situations. Where peer counselors are active, the mental health consultant can work with them to identify potentially serious situations before they occur. Using a preventive approach, the consultant would train peer counselors to be aware of potential crises. These might include the severely depressed resident, the resident who exhibits a sudden change of behavior for no apparent reason, or the resident who seems to be alienating those around him or her. Because the peer counselors are exposed daily to the other residents, they are in an excellent position to identify these signs and bring them to the attention of the mental health consultant.

Normally the holiday seasons and family visitation periods can be times which are especially conducive to the development of anxiety and depression, most notably for those residents without family. The consultant can forewarn and prepare the peer counselors concerning the potential uneasiness of these times for certain residents. In this way peer counselors might be able to respond more sensitively to the needs of these persons. If peer counselors can respond in a facilitative manner to distressed residents during these periods, fewer residents will experience deeper difficulties, and for those who do, this can be made known to the consultant who can then better provide help.

Precautions

Many times, peer counselors will feel an "over" responsibility to "keep everyone happy". Consequently many peer counselors may go out of their way to satisfy the other residents. Thus, they may develop an overprotective attitude toward the other residents. In this role, peer counselors may also attempt to push themselves upon residents who refuse their assistance. This will cause these residents to rebel against this behavior, well-meant or not, feeling that their rights or privacy is being infringed upon. At these points, peer counselors may become uncomfortable with their role, and a strained situation may develop.

Prior to the occurance of these types of situations, the consultant can facilitate a better understanding of the role and responsibilities of the peer counselor. Peer counselors should be encouraged to express and discuss their perceptions of their roles and responsibilities in meetings

with the consultant. In this way, a clearer understanding of how to relate to other residents as well as the consultant can be reached.

The situation may arise wherein a peer counselor perceives a specific resident as truly severely in need of assistance, but the resident shuns any attempt at providing it. Presentation and discussion of situations like this should be done in weekly staff meetings between the consultant and peer counselors. Here a number of different views can be contributed so as to aid in developing possible strategies. The consultant and this peer counselor could also meet individually. The consultant might assist the peer counselor explore the possibility of any protective attitude being present and what effects this may incur. The resident's behavior may necessitate a referral to another peer counselor, the consultant, or the peer counselor may attempt a new strategy devised with the consultant to counsel the troubled resident. The final decision after meeting with the consultant however, should be made by the peer counselor him or herself. Caplan (1963) stated that the consultee should retain reaponsibility for the client. The consultant should not step in and assume responsibility for all problems that arise. Rather, the consultant can facilitate strategies to be implemented by the peer counselors with those persons involved in the problem.

Some peer counselors may see their function as being a friend to everyone in the community. Occasionally, some peer counselors will go much further with the isolated, withdrawn resident than they would with any friend. A dependent relationship may develop with the isolated resident "clinging" to the peer counselor as if the peer counselor is the only individual who will associate with the resident. The peer counselor can develop feelings of resentment caused by this "clinging" behavior, yet guilt also over the perceived need to assist and support this person. The consultant can help peer counselors identify their feelings in these situations and recognize their role limitations, but at the same time come up with strategies to break the dependent relationship while still continuing efforts to assist the resident in developing more effective interpersonal relationships. In assisting peer counselors to become more aware of their own feelings, the consultant actually serves as a counselor to the peer counselors.

Summary

There is a great need of mental health services by the elderly. By developing and facilitating peer counseling programs through an outreach consultation approach, a single mental health professional can provide more of these neede services to more elderly persons than a cadre of colleagues sitting in their offices waiting for crises to arise.

In the approach presented here, the mental health consultant's goal in the process is to assist peer counselors acquire those strategies that will facilitate their resolving any current problem and help in the development of the necessary knowledge and skills to deal with similar problems in the future. The consultant also assists peer counselors in gaining a self-awareness of their role in working with the other residents in their

particular housing concentration and their concerns and acceptable methods of assisting them to cope with these concerns.

Peer counselors provide the consultant with the personnel to initiate and operate those programs that reinforce a mentally healthy environment in a housing concentration of elderly persons. By working together in a cooperative, reciprocal relationship, the consultant and peer counselors can help each other to help those persons too often neglected - the elderly.

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The Integration of Christian Beliefs into a Personal Theory of Counseling

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The Integration of Christian Beliefs into a Personal Theory of Counseling

The purpose of this paper is to integrate my Christian beliefs into a personal theory of counseling. Many secular psychologists and counselors have discovered insights into human behavior that can be quite helpful to the Christian counselor. The task of a healthy integration must include the ability to discern which of these insights would oppose my commitment to my Christian beliefs. Although the promotion of spiritual as well as psychological maturity is a major goal, I feel that the competent Christian counselor does not preach to his client nor does he try to change the client's values; but neither is there an adherence to the notion that all values are relative. I believe my relationship with Jesus Christ has revealed to me a base of truth from which I can form a healthy and effective counseling approach, and that man is a holistic being with physiological, emotional, and spiritual dimensions intricably bound together and inseparable (Collins, 1973; Anonymous, 1977).

I recognize when a person has a problem the individual as a whole is affected. Although there may be only one or two symptoms that predominate, there is no sharp line dividing any of the dimensions of a person (Collins, 1977). C.S. Lewis (1974) makes a distinction between the theorists who do not believe in a spiritual dimension and those who do when he concludes:

> Some people believe that nothing exists except nature; I call these people Naturalists. Others think that besides nature, there exists something else. I call them Supernaturalists (p. 9).

The naturalist position denies the existence of any kind of supernatural force (God) and builds his theories on this basis. Some naturalists will allow for a certain kind of god as long as that god does not go beyond the boundaries of nature, but most do not. The supernaturalist position of Christianity accepts the existence of a supernatural force that has designed a universe by Divine Will. Man is seen as a creature of choice, in many aspects a naturalistic one, but with a part of this nature as spiritual and beyond choice (Amundson & Willson, 1973). The following review of literature will be categorized under the naturalist and supernaturalist points of view.

Review of the Literature: The Naturalist Point of View

Sigmund Freud was the first man to decisively attack religion from a psychological point of view. In Totem and Taboo (1950) he concluded that ". . . at the bottom God is nothing other than an exalted father . . ." and ". . . what constitutes the root of all religion is a longing for the father . . . ." (pp. 147-148) Freud (Collins, 1977)

believed that religious beliefs were immature and neurotic. In fact, the early psychoanalysts considered the giving up of religion as a necessary condition of successful therapy (Pattison, 1977).

William James, in his classic book The Varieties of Religious Experience, like Freud, has made no attempt to distinguish normal and healthy religious views from the pathological views. He made his observations about religion by way of extreme and exaggerated cases.

A milder, but still naturalistic, point of view is Gordon Allport's statement from the The Individual and His Religion (1959) that ". . . psychology and religion are acceptable means, but it is generally expected that religion must be abet and never oppose psychological science" (p. 76). Although Allport never claimed to be a Christian, he proposed that clinical psychology needed to become aware of the healing power of religion. He wrote of love (1959):

> Love, incomparably the greatest psychotherapeutic agent, is something that professional psychiatry cannot of itself create, focus, or release. Psychotherapy knows the healing power of love, but finds itself unable to do much about it. By contrast, religion, especially the Christian religion, offers an interpretation of life and a rule of life based wholly upon love. . . . . Having rejected the religious approach to the cure of souls, science regards it as more realistic to center attention upon reactive conditions of the mind-upon hate, aggression, compulsive sexuality-even if these are merely pathological conditions due to the deprivation of love (pp. 80-82).

The self proclaimed atheist philosopher, Bertrand Russell, has written that religion is based on fearfulness and irrationality, and predicts that religion will retreat as science advances (Collins, 1977). Also, Abraham Maslow (1970) has asserted that Christianity is outdated as a metaphysical concept.

In his writings The Dogma of Christ, You Shall Be As Gods, and the Sane Society, Erich Fromm treats man as innately good, and speaks of him as being a product of society. He feels that the concept of God has evolved to the point that man has become God, and if a sacredness does exist, it is in the self of the person (Vitz, 1977).

The philosophy of Carl Rogers (1961) represents a basic naturalistic point of view when he expounds his idea of the basic trustworthiness of human nature. Regarding people he notes:

> We do not need to ask who will control his aggressive impulses; Man's behavior is exquisitely rational, moving with subtle and ordered complexity toward the goals his organism is endeavoring to accept (pp. 194-195).

The existentialist, Rollo May, has identified the need for psychology to come together with theology. However, in his book, The Courage to Create (1975), he talks of the 'myth of Adam and Eve' (p. 24). He talks of creativity as being born of rebellion against the omnipotent force of God and considers the fall of man as mere symbolism.

B.F. Skinner, a behaviorist, in his book Beyond Freedom and Dignity (1971), talks of man as being completely controlled by his environment in his thinking, feeling, and doing. In short, Skinner is taking away the significance of man. If you want to change people, you merely change their environment.

The Supernaturalist Point of View

Paul Tournier (1967), a Christian psychiatrist, talks about God and what a relationship with Him can mean when he says:

> God is passionately interested in each human being. To receive God is also, therefore, to receive his intense interest for those with whom we have rubbed shoulders without really seeing or understanding them. It is impossible to open one's heart to God without also opening it up to one's fellow (p. 54).

From Tournier's point of view, the Christian counselor has a very empathic understanding of man as a result of receiving God. Tournier (1967) goes on to say: "Reason, science, psychology, ethics, and theology can help us, but only up to a point and always subordinated to God" (p. 47).

Lawrence J. Crabb, Jr. (1978) notes that Christianity is more than a black-bag technique. He holds the belief that Jesus Christ is ". . . the indispensable core of effective personal adjustment" (p. 18). He asserts that psychological problems stem from and are nurtured by our inaccurate perceptions about life which our sinful nature gladly receives. His approach to counseling is designed to be used ideally with the Christian who is involved in a church. He offers a three step treatment approach; encouragement by way of loving support from a community of believers; exhortation, with explicit directions on how to respond to every situation in a biblical fashion; and enlightenment to replace wordly ideas with the wisdom of God. Crabb, in his book, Effective Biblical Counseling (1977), presents several models for the integration of Christian beliefs with secular psychological theory. The "separate but equal" stance believes scripture deals only with spiritual problem areas and that psychological problems fall outside of Christian responsibility and should be handled by a more qualified professional counselor. The difficulty with this thinking, Crabb asserts, is that psychological malfunctions usually stem from problems like guilt, anger, resentment, insecurity, and selfishness, which are just the kinds of problems Christian based theory can handle the most effectively.

The "tossed salad" model is Crabb's second approach to integration. It is Crabb's opinion that most Christian counselors assume this approach which combines the insights of the scripture with the wisdom of psychology. The critical problem with this model, he contends, is the lack of screening of every psychological concept through the truth of the scripture. There is a high potential for the inclusion of contradictory ideas.

A third approach to integration, suggests Crabb, is the "nothing buttery" model. The basic tenet is "nothing but Grace, nothing but Christ, nothing but Faith, nothing but the Word" (p. 40). The "nothing butterists" insist that psychological problems are best understood and approached as caused by sinful and unbiblical living. This type counselor simply identifies the sin and rebukes it. Crabb is critical of this approach because he feels it is not accepting enough to be appropriate in the realistic demands of counseling situations.

The fourth approach presented by Crabb is entitled "spoiling the Egyptians". Crabb borrows this name from the story of Moses, when he lead the children of Israel out of Egyptian bondage. Moses gladly and freely took of the goods of the Egyptians to feed and cloth his people. This approach states Christian psychology can profit from secular psychology if the concepts are carefully screened. Crabb states that Christian counselors need to look at psychological theory through the eyeglasses of scripture. He feels the Christian who is willing to use carefully selected secular psychological theory will be better equipped to counsel.

There are a number of writers and researchers who have investigated the combining of psychology and Christian beliefs. Koteskey (1973) concludes that the development of a psychology based on Christian belief would be of benefit to secular psychology. He feels the Christian counselor and his view of man would ask questions about man's behavior that would never be conceived by the secular counselor. His major thesis is that Christian psychology should be the study of human behavior to learn about God and that it is time for the Christian psychologist to pursue this unique end.

The need for further research into the use of Christian therapeutic technique was cited in a study by Wilson (1974). He reported the use of basic Christian beliefs such as confession, or uncovering, sharing of problems, acceptance, and love supplemented and facilitated successful psychotherapy in a significant number of patients who had been previously unsuccessful in other treatment approaches.

Amundson and Willson (1973) suggest that a higher success rate in counseling may be achieved if the counselor and client share the same reality orientation. They are saying that Christian clients should be

counseled by Christian counselors. In matching the reality orientations of client and counselor, they feel they can facilitate deeper trust and understanding. Amundson and Willson (1973) conclude that it is important for the counselor working with the Christian client to understand what constitutes a healthy Christian person.

In a study by a person choosing to remain unnamed (Anonymous, 1977), it was concluded that the integration of Christian experience with the therapeutic experience is worth further exploration. The author asserts that every "normal" Christian could benefit from a relationship with a person trained in counseling. This relationship, he disclosed, helped him to understand and accept the humiliations, the struggles, and the release, as a very valid part of the Christian experience.

Edwards (1976), in a discussion concerning client-therapist value and similarity and therapy outcome, concludes that here is evidence that deeply religious clients tend not to benefit from therapy, or drop out of therapy when the counselor does not share the clients religious belief system. He points out it is particularly important that this sharing of belief systems must be present during the initial stage of counseling. This study has implications for the Christian counselor to be aware of his beliefs and how they may differ from a client, Christian or non-Christian. He states that any professional desiring to integrate psychology and religious behavior must consider the client's total belief system, their faith. Edwards also presents a study of cognition and theology. He quotes Proverbs 23: 7: "For as a man thinketh in his heart so he is. . . ." He adds that it is the positive, Christ-centered thought-life that counteracts anxiety and leads to the peace of God. In working with the Christian client, he asserts, the first goal should be to help the client understand the central truth of Phillippians 4. As Paul states, "I can do all things through Christ who strengthens me" (Edwards, 1976, p. 99).

Pattison (1966) asserts that both spiritual and psychological goals are valid in psychotherapy. He writes of technical and social problems that must be worked out, and suggests that more extensive research is needed. He recommends that philosophers, theologians, and social scientists work together toward integration.

Alcoholics Anonymous (1955) uses a holistic approach involving a spiritual awakening that is a major part of their plan for recovery from alcoholism. They have designed a program that uses a power greater than ourselves as a resource in recovery. As compiled in the Alcoholics Anonymous, Twelve Steps and Twelve Traditions (1952), the twelve steps are congruent with Christian belief. The first step, the surrender of the will, ". . . we admitted we were powerless over alcohol-that our lives had become unmanageable" (p. 5), is a basic tenet of salvation in the Christian faith. The second step states ". . . we came to believe that

a power greater than ourselves could restore us to sanity." (p. 6) The third step, which Alcoholics Anonymous calls the opening of the locked door, is when the alcoholic "makes a decision to turn his will and life over to the care of God as he understands him." (p. 6) The other nine steps are a process designed to bring about physical, psychological, and spiritual maturity. This program has been modified to be used with other kinds of problems of living such as habitual gambling, over eating, and child abuse.

Collins (1966) says that ". . . only religion can give an adequate motivation for life. . . ." (p. 291) In his approach to the treatment of alcoholism, Collins feels the use of medicine, religion, psychiatry, psychology and plain horse sense make the approach used by the Fairview Center quite effective. "At the heart of every neurosis," asserts Collins, "can be found fear and inadequate social responsibility. Religion dissipates fear, and develops a sense of responsibility" (p. 291).

In Competent to Counsel (1970), Jay Adams advocates nouthetic counseling. This type counseling is biblical and Christian in its approach to problems. Adams uses scripture in what he calls nouthetic confrontation. Very basically, he identifies the sin and then exhorts the sin by the use of the appropriate scripture. His approach is designed for the non-believer. There is an absolute insistence that psychology has nothing to offer.

Paul C. Vitz, in his book Psychology As Religion: The Cult of Self-Worship (1977), writes about his graduate training as a clinical psychologist when religion was considered a "pathetic anachronism . . ." and that ". . . occasionally a person's religious belief's were measured in personality tests. . . ." (P. 11) He attacks the growing movement of self-theorists that almost unanimously assume the innate goodness of man. He argues that these self-theorists never come to a solution of who or what is responsible for society. He adds that Christians view self as a problem, not a potential paradise.

Discussion

From the preceding review of literature, it is evident that the relationship of Christian belief and secular psychological theory has been an issue of major concern. The belief that man has a physiological, psychological, and spiritual dimension is an issue which brings about conflict between the naturalists and the supernaturalists.

The naturalists view God in several different ways but generally agree that man does not have a spiritual dimension. A belief in God is considered neurotic and unhealthy. This belief, however, comes from a major error in their thinking. Man and his relationship with God was studied in situations where no attempt was made to differentiate between healthy and unhealthy religious beliefs. This view of religion has in-

fluenced present day psychological theory. Vitz (1977) concluded that psychology has become a religion for many people.

Allport (1959) talks about man's religion as if it were out of reach. He suggests that psychology has much to learn from religion and even writes about the importance of love in healing. He seems to be supportive of integration.

The humanistic theorists speak of human freedom. A Belief in God is viewed as suppressing to this freedom. These naturalists believe man has evolved out of the need for a God. God, to the humanist, is within man and that man, if anything, is what is sacred (Vitz, 1977). The humanists are not totally against the idea of God; they believe God is a power that exists in concept and not in reality (Maslow, 1970).

Carl Rogers (1961) has greatly influenced the idea of accepting people as a facilitator of growth. However, his idea that man is basically trustworthy and positive in nature, like the humanist, is in direct conflict with Christian psychological theory.

The major differences between the naturalists and the supernaturalists, in regard to the nature of man, is the root of today's conflict between psychology and Christianity. The actual integration of Christian beliefs into a theory of counseling offers the Christian counselor his greatest challenge.

As evidenced in the review of literature, the Christian counselor must select from a vast amount of information what points of view represent the truth for him. Crabb (1977) points out four different possibilities for integration.

Crabb (1977) feels most Christian counselors are of the "tossed salad" variety. This kind of counselor is not very selective in his integration. He allows much contradictory information into his personal counseling theory.

A final approach to integration from a Christian viewpoint would be to keep an open mind and have a keen sense of discernment when approaching secular psychology. A healthy Christian counselor could use this approach and effectively help the believer and the non-believer.

The Christian view, cites Koteskey (1973), can add a new dimension to psychology. In a study by Wilson (1974), it was concluded that the use of Christian beliefs in conjunction with traditional therapeutic technique facilitated successful psychotherapy.

Alcoholics Anonymous may be considered one of the most effective treatment programs in the world today. Their approach is based on sound Christian principles using a step method to provide maturity for the body, mind and spirit.

Conclusion

The effective Christian counselor bases all counseling theory and technique on the word of God. That is not to say the counselor quotes scripture to a client in a counseling session. All theory used in the integration process must be screened for biblical correctness. A theory may be rejected on the basis of a conflicting philosophy yet within that theory there may be technique that is acceptable. It is important the Christian counselor has an open mind to secular psychological theory and able to study the secular theorists.

The Christian counselor can not "save" another person, but he can offer a healthy and correct way of relating which is full of infinite truth.

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Premarital Pregnancy and Out-of-Wedlock Birth:

Important Precursors of Child Abuse

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Premarital Pregnancy and Out-of-Wedlock Birth: Important Precursors of Child Abuse

Child abuse is receiving increasing attention both from the public and in the literature indicating that about a million children each year are abused by their parents. One hundred thousand of these children require hospitalization and an estimated 100C die (Gordon, 1977).

Some view the problem as basically a response to stressful social conditions and society's permissive attitude to violence; others believe it is a manifestation of parental maladjustment.

> A vast array of environmental stresses have been regarded as contributory. Some have commented on the frequency of out-of-wedlock pregnancies. A high incidence of divorce, separation and unstable marriages has also been reported. Social isolation, unemployment and lack of immediate support from other relatives are thought to be important. Other factors thought to be predisposing include promiscuity, larger than average family size, poverty, insufficient education, geographical mobility and inadequate housing. (Smith, Hanson, & Noble, 1974, p. 568)

In addition to out-of-wedlock pregnancies, many of the other factors mentioned above have been found to be unusually prevalent with persons who have been pregnant before marriage or have had children born out of wedlock.

Research suggests that at least a fifth of American women marrying for the first time are pregnant at the time of marriage (Pohlman, 1973). Of the approximately one million teenage girls who become pregnant each year, almost 600,000 give birth (Gordon, 1977). The 15-19 year old group has the highest proportion of premaritally conceived and illegitimate births (Smith et al., 1974). Over half of the single pregnant women who contact social service agencies decide to keep their babies (Klein, 1973, p. 9). This data indicates that there are millions of children having been premaritally conceived or born out of wedlock living with their natural parents.

The purpose of this paper is to review the literature which identifies premarital pregnancy and out-of-wedlock birth as important precursors of child abuse and neglect, explore some implications for guidance counselors, and propose some possible courses of action that they might consider in their efforts toward prevention of child abuse in this area. Special emphasis will be placed on teenagers in this category.

The Problem

In a study of 134 battered children, it was found that 87 of their mothers (71%), compared with 17 control group mothers (33%), had conceived premaritally. Of the abused children, 45 (36%) were illegitimate, whereas only 3 controls (6%) were born out of wedlock. Smith et al. (1974) concluded from the findings in this study that while failure to adjust to the parental role does occur among the population at large, it happens more frequently among child abusers. They suggested it can best be understood in the context of "premarital disharmony rather than by linking it directly to harsh childhood experiences" (p. 575).

Kaplum and Reich (1976) studied 112 cases of child homocide in New York City in 1968-69. In 66 of these cases, the victims' families were known by the city's agencies of public assistance. They found that two-thirds of the victims were illegitimate. This number was substantially higher than the 50% illegitimacy rate reported for children of New York City families on public assistance generally. Over two-thirds of the abusers were parents or the parents' lovers. Most frequently the mother was the one who abused the child, while the biological father was the abuser in 10% of the cases.

Bennie and Sclare (1969) reviewed ten cases of battered child syndrome from the standpoint of the assailant as the patient. Im most cases the patient had experienced a crisis situation centered upon a child. This child was often her own and born out of wedlock. The battered child in some instances was not illegitimate but a younger sibling of the child conceived out of wedlock.

A Massachusetts study of 180 children from 115 families referred to a child-abuse-prevention agency in 1960 showed "slightly less" than half of the families had experienced premarital conception (Pohlman, 1973, p. 315). Justice and Justice (1976) reported in their profiles of the abused and abusing that "a high proportion of abused children were conceived before their parents' marriage" and "forced marriages and unwanted or illegitimate pregnancies are common" (p.99).

The Different Child

The potential for abuse may be composed of many characteristics the parent has acquired as he is reared. However, there must also be present a "special" child, a crisis, or both in order for abuse to occur. Friedrich & Boriskin (1976)cited a study by Lynch of 25 abused children in which 15 were considered different by their parents. Nine were retarded and three were thought by their parents to be sickly. Six others were perceived by their parents as "bad, selfish, spoiled rotten, or defiant in comparison to siblings" (pp. 587-588).

Bishop (cited in Friedrich & Boriskin, 1976) reported four cases of

young children overdosed by their mothers; these mothers thought of the children as "damaged." Examinations of these children showed no physical basis for this parental conclusion. It is important not only whether a child is actually different but also whether a parent perceives the child as such. The fact that a child is born out of wedlock or premaritally conceived may in itself be enough for the parent to perceive that child as different.

There are many conditions that can put fetuses at risk and cause higher than usual morbidity or defective children. While some women who become pregnant out of wedlock may want to be pregnant, it seems reasonable to assume that most do not. A study of Chicago welfare families with illegitimate births indicated that 90% of the mothers did not want the pregnancies. Unwanted pregnancy can subject the mother to psychosomatic trauma, which may have adverse effects on the fetus. Pohlman (1973) cited Salerno's studies suggesting that "such factors as tension, anxiety, and guilt, when present in extreme degree, may be among the factors leading to toxemia" (p. 283).

Myers (1975) reported a relationship between psychological stress of the mother and fetal asphyxia. He also stated:

> Significant studies show that maternal psychological stress during pregnancy causes a higher incidence of pregnancy abnormalities and fetal death, complications of the birth process, and disturbance of the status of the newborn (p. 84).

Unmarried pregnant women in many cases take insufficient care of themselves and make inadequate plans for delivery. The embarrassment they feel makes them reluctant to take advantage of prenatal care and may delay the first visit to a doctor or clinic. Failure to have possible complications assessed may put the mother and the fetus at risk (Denny, 1973, pp. 57-58).

That teenage pregnancies represent increased medical risks both for the mothers and the newborn infants is further demonstrated by studies of the association between complications during pregnancy and age.

> Complications such as toxemia, cephalopelvic disproportion, low birth-weight, some congenital anomalies, anemias, prolonged and precipate labors, post-partum infection and hemorrhage, and an increase in perinatal mortality are all defined in these associated factors. These associations appear greater for the under-fifteen-year-old mother than for the mother in the fifteen-to-nineteen-year-old group (Duxbury, 1976, pp. 35-36).

Adequate nutrition is one of the great health needs for the pregnant adolescent. Many teenagers in our country suffer from marginal nutrition because of faulty eating habits. This lack of nutritious foods coupled with the increased need for nutrients during pregnancy puts both the mother

and fetus in danger. Experiments with animals showing that maternal subnutrition will reduce cell division in the fetal brain have suggested to scientists that the same may be true with humans. Because the teenager is still in a period of physical development, a pregnant teenager must receive enough nutrients for her own growth needs as well as those of her fetus (Duxbury, 1976).

The above findings suggest that many children of teenagers may be affected, therby increasing the potential for child abuse. For example, Friedrich and Boriskin (1976) reported a child abuse study by Elmer in which 55% of the children had an IQ of less than 80. In addition, Morse, Sahler, and Friedman (1970) studied a sample of abused children and found 43% to be similarly classified, with all but one thought to have been retarded prior to abuse. Sandgrund, Gaines, and Green (1974) made a child-abuse study of one socioeconomic level. Of the abused sample 25% were classified as retarded; of the neglected, 20%; of the nonabused controls, only 3%.

Friedrich and Boriskin (1976) additionally included studies that showed a definite association between low birth-weight and child abuse. This association may be a contributing factor in abuse of children from premarital pregnancy and illegitimacy (of high incidence in teenage motherhood). Of 51 battered Montreal children studied by Klein and Stern (1971), 12 (23.5%) had been of low birth-weight. In a study of 292 suspected abuse cases in England from 1970, 14.5% (twice the national average) had low birth-weight. Finally, they reported studies by Fomuford, Sinkford, and Louy in which 36 cases of child abuse in the District of Columbia is 13.2%. Interestingly, Myers (1975) reported studies which established that women who undergo extraordinary stress during pregnancy (including teenage or illegitimate pregnancies) gave rise to higher incidences of growth-retarded fetuses.

The child who is in some way different or perceived as different by the parent has a greater than average potential for being abused. Knowledge of this fact can be useful to agencies and educators.

Parental Bonding

It is very important that the emotional bond between the parent and infant be formed as early as possible. It would seem obvious that, if adequate parental bonding takes place, child abuse and neglect will automatically decrease. The role of the teenage father has been traditionally neglected in this area. Sawing and Parke (1976) pointed out that the exclusion of the father from social support systems during the prenatal period leaves him uninformed about infant care and needs. He is also prohibited from establishing affectional bonds that are important to infant development.

Even if the parents marry, the teenage father discouraged in this way will likely remain in a vestigial role or avoid the parental role entirely.

Not only is this paternal bonding important to the father and the baby, but it can also contribute to maternal bonding. Sawin and Parke (1976) reported studies by themselves and by Parke, O'Leary, and West which showed that when fathers are given the opportunity, they interact with their infants as effectively as mothers. Parke et al. also observed that the support the father provides by his social and caretaking activities with the infant positively influences the mother's attitude and affect regarding the infant and her maternal role.

These findings become all the more important in the context of the census finding that 69.7% of pregnant 15-19 year-olds marry, most presumably the fathers of their babies (Smith et al., 1974). Paternal bonding can be encouraged even when marriage to the mother does not occur. In a study of 180 pregnant teenage girls extended postpartum, approximately three-quarters of the putative fathers were still coming to visit the child at 15 months (Lorenzi, Klerman, & Jekel, 1977).

Sawin and Parke (1976) reported that there are several studies which have shown that mothers given extended contact with their infants over the first three post-delivery days are more attached to them than are other mothers at one month and even one year. They also cited another study by Lind demonstrating that fathers provided the opportunity to learn and practice basic caretaking skills during the postpartum hospital period were more involved with the children at six months.

Moreover, a study by Klaus and Kennell (1970) indicated that insufficient bonding may be a factor in abuse of children of low birth-weight. The frequency of visits of 146 mothers of low birth-weight infants was analyzed. Thirty-eight mothers visited less than three times a week. In the eleven cases of abuse or failure to thrive, the nine abusing mothers were in the infrequent visiting group according to the follow-up from 6 to 23 months after release. The Montreal study of 51 battered children by Klein and Stern (1971) suggested that isolation from the mother in the early postpartum period may increase the risk for these low birth-weight babies.

Teenage Marriage

A very important casual factor of child abuse is an unstable marriage. Zelnik and Kantner (cited in Duxbury, 1976) reported a study regarding pregnancy resolution in which 59.4% of the women in the study married before delivery and 19.7% after delivery. Nearly half of all teenage marriages dissolve within five years, and teenage marriages caused by pregnancy are three times more likely to fail (Duxbury, 1976). In the previously mentioned study of abusing parents by Smith et al. (1976), 30% of the fathers described their marriage or liason as unsatisfactory, whereas

no control parent reported this. Lorenzi et al., (1977) suggested that teenage mothers not be encouraged to marry within two years following the birth of the baby partly because of the high rate of separation and divorce among those who marry early.

Duxbury (1976) stated that very young parents who marry and move away from their parents' homes may be more disadvantaged than the single mother who remains with her family. In a study of 48 adolescent couples from semi-rural areas and small towns by Dr. de Lissovoy (1973) he noted that almost all of the young parents were "impatient, insensitive, irritable and prone to use physical punishment with their children" (p. 22).

Teenagers who marry are economically disadvantaged compared to older couples of similar socioeconomic status. Many of them drop out of school and this early exit limits their occupational opportunities. They are also more likely to have repeated pregnancies and larger than average families (Duxbury, 1976). All of these factors place the marriage at extreme risk and the children in jeopardy of child abuse.

The Role of the Guidance Counselor

Most guidance counselors are committed to helping the abused child. However, more counselors need to be aware of the contribution they can make toward the prevention of child abuse by developing and implementing innovative programs for teenage parents and their families.

Goldmeier (1976) pointed out the Title IX of the Education Amendments of 1972 requires that no school receiving federal funds shall "discriminate against any student, or exclude any student from its educational program or activity on the basis of such student's pregnancy or pregnancy-related condition" (p. 20).

The requirement is clear; nevertheless, in many areas of our country no separate educational programs are provided for the pregnant adolescent and she is excluded from all educational programs (Duxbury, 1976). Since attitudes change more slowly than the law, there are still many who need to examine their feelings toward adolescent pregnancy. If counselors cannot be wholeheartedly supportive, it is mandatory that they refer these students to someone who can. "School-age parents should not be treated as having a disease, but should be thought of as children with special needs" (Goldmeier, 1976, p. 20).

Guidance counselors must recognize the important role of the teacher in aiding pregnant adolescents. Often a trusted teacher is the first person in whom the student confides. Counselors can help teachers understand the special needs in this area and encourage them to refer these students for guidance. Both counselors and teachers can profit from in-service education provided by community support agencies. A team effort of counselors and teachers will greatly enhance the quantity and quality of services provided.

Guidance counselors should exert an influence on curriculum development. They must encourage course offerings which will prepare students to make a life as well as a living. For instance, there should be sex education (including contraceptive information). Values clarification and the enhancement of self-concept should be encouraged in all classes. Additionally, practical child care classes should be available for pregnant teenagers and other interested students.

In addition to helping the pregnant adolescent make an informed decision based on knowledge of medical, social, and psychological factors, the guidance counselor has a responsibility to see that the client is not abandoned by the school after this decision has been reached. Each case should be extended to insure that the needs of the individual are supplied. This service may include psychological counseling after an abortion or adoption, as well as, child development classes and family counseling for those who keep their children.

The school can provide real services and act as a coordinator to direct students to community service agencies that can provide needed back up and supplementary services like financial assistance, family counseling, nutrition education, and so on. The legal responsibilities of the schools should be viewed as an opportunity rather than a burden. (Goldmeier, 1976, p. 20)

Many teenage mothers drop out of school because they have no one to care for their babies. Child care courses with laboratories could be offered. These would not only provide training for students who intend to elect child care as an occupation but would be places where the babies could be left during the day while the mothers attend classes.

Counseling should include the families and fathers in addition to the mothers. Since research has shown that lack of emotional support of relatives is a contributing factor to child abuse and neglect (Giovannonni & Billingsley, 1970), the involvement of the family in counseling could be beneficial as a preventive measure. It also stands to reason that, especially if the parents marry, counseling for both of them would be helpful in alleviating the stressful marital problems which lead to child abuse.

There is every indication that expanding counseling services in this way for teenage parents and their families would be a valuable contribution toward prevention of child abuse and neglect. This treatment would produce more children free from the burden of destructive home conditions and better able to profit from the educational opportunities which would prepare them for responsible citizenship. The challenge for guidance counselors is there. Let us meet it with dedication.

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The Effect Of Seating Positions On Group Interaction:

A Review Of Literature

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Introduction

Many counselors today spend numerous hours in group settings. Life skills, career development, assessment processes, leadership training, task force, personal growth, staff training, study skills are some of the major focuses of the types of group in which counselors are involved. Improving communication between group members is a major concern for counselors working in groups.

Thelen (1963) indicates that an effective group process occurs when there is congruency between group members. He emphasizes that the purpose of groups is working toward the fulfillment of the group's purpose. In order to increase the flow of communication between group members, counselors can utilize research findings done on group processes. Recent research for counselors looks at how eye contact, body posture, personal space, gestures, and verbal interaction influence the communication between group members. By studying the components of the communication process in groups, counselors who work in group settings can improve communication skills between members.

This paper's purpose is to examine how seating positions, one influential part of the group process, effect communication in groups. Seating positions are defined as the patterns that members seat themselves in a group.

Central and Circular Seating Positions

Bavelas (1968) diagrammed several seating positions used in groups (see Figure 1). Providing counselors with a classical report on seating positions is Leavitt (1951). Although his study was written 28 years ago, it provides us with knowledge that is applicable to groups today. Taking 100 male university students, he divided them up into 20 groups of five. Each member of a group was given a card which had five symbols out of a possible six symbols. Each group had to find the common symbol in their group through the means of a written message. There were four types of seating positions used. These positions were like those that Bavelas diagrammed--the circle, the chain, the Y, and the wheel (see Figure 1). Leavitt's experiment indicated that centrality (measured by the closeness of group members) increase group performance and stability and helped group development. By noting how the messages were sent in each seating position, Leavitt found that the circle was inconsistent in the organization and origin of its messages. The wheel and the Y groups were more stable than the circle. The wheel's messages were sent to the middle as proposed.

FIGURE 1

GROUP SEATING POSITIONS BAVELAS (1968)

(O represents the group members and ● represents where the leader sits. The arrangement of the diagram relates directly to the way the group is sitting.)

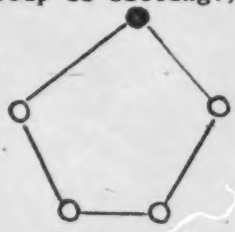

DIAGRAM 1 - THE CIRCLE

DIAGRAM 2 - THE CHAIN

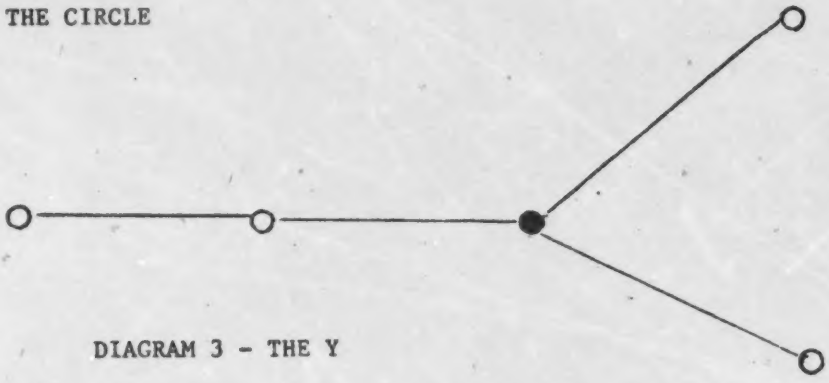

DIAGRAM 3 - THE Y

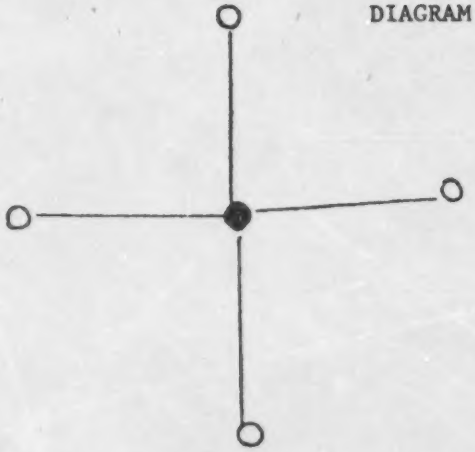

DIAGRAM 4 - THE WHEEL

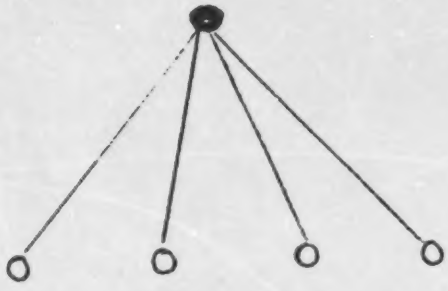

DIAGRAM 5 - VARIATION OF THE WHEEL

Michelini, Passalacqua, and Cuismano (1976) support this. In their study, centrally seated members usually initiated communication. Visible group members (those who were in the initiator's range of sight) most frequently received communication. Holahan (1972) found that group members that were adjacent or near one another had more social and personal interaction than group members that were further away from each other. Seating positions are powerful factors which can increase the quality of communication between members. Greenberg (1976) examined groups with central seating positions. He stated that centrally seated members increased their probability of interacting with other members and often emerged as leaders. Central seaters were able to maintain eye contact longer and easier than most group members. Hare and Bales (1963) supported earlier findings that centrality and the amount of distance between members helped in predicting verbal interaction patterns. Their research also pointed out that dominant individuals who tend to talk the most usually sit in more centrally located seating positions.

Steinzor (1950) examined circular seating positions and reported that members farther away from the speaker were more likely to verbalize a response back to the speaker. In an earlier study, Steinzor (1949) found that members would often change their positions if they were not sitting opposite of those whom they wished to address in the circle. Minton, Steiger, and Smrtic (1968) stated that circular (and rectangular) seating positions had significant opinion shifts of group members. In other words, group members were likely to change their views on certain issues. (This could be due partly to the high centrality of these seating positions. More verbal interaction may affect viewpoints.)

Seating Size and Distance

Changing the seating distance in seating positions altered group behavior. Seta and Schkade (1976) took 63 college students and gave them each 20 words that were related to the suits in a deck of playing cards. They were then divided into groups of two and four. These groups were exposed to two different conditions, cooperative and competitive. In the cooperative condition, the groups were told that they were only concerned with how each group did collectively. In the competitive conditions, the groups were told that their group score would be compared with other groups. The results indicated that in the cooperative condition, the four-person groups recalled more words than those in the smaller groups. However, during the competitive conditions, the two-person groups recalled more words than those in the four-person groups. In Experiment II, they found that group members performed cooperative group tasks while seated close to one another. They also discovered that groups with competitive tasks performed better when seated far apart.

Epstein and Karlin (1975) found that when group members were crowded, the males generally exhibited competitive and fragmented behavior whereas females generally were cooperative. The crowding basically increased

arousal states in all group members. Another study examined female interaction. Giesen and McClaren (1976) stated that females frequently sat closer to one another than males did. Also positive feelings and attraction increased after discussion. A later study by Giesen and Hendrick (1977) supported the idea that females and males tend to sit closer to female moderators, indicating that there are definitely sex differences in personal space. Green (1976) found that subjects with indefinite boundaries (those filled with inconsistency and uncertainty about themselves) tended to avoid sitting near the leader, near central positions. They frequently sat near the room's exit.

Seating distance can also indicate tendencies of individuals. For instance, Morrison and Thomas (1975) found that school children who had a low school self esteem (they felt inadequate at school) tended to say less in class, contribute less to class discussion, and sat farther back in the classroom. Also, Green (1975) examined the tendencies of group members. Members that sat closer to the chairman in a meeting usually participated more than those who sat farther away. Security seeking behavior can influence where individuals choose to sit. Observing individuals in a snack bar, Barash (1972) found that individuals that were alone preferred wall tables rather than center tables (Significant at $p < .01$). Grouped individuals had no such preference. This seemed to indicate that while individuals were together, they felt more secure than those who were by themselves.

Cultural and Seating Preferences

Seating positions affect cultures differently. Inghan (1974) studied 145 English and 156 Swedish individuals. Two-thirds of the subjects were in school. One-third were non-university. He found that Swedes showed greater consistency in choice than the English subjects. On his questionnaire, the Swedes answered 10 of the 17 items consistently.

Also, Swedes preferred opposite seating positions (face-to-face) whereas the English preferred right angle seating positions. The Swedes avoided right angle seating positions. Csikszentmihalyi (1968) studied cultural structures of seating positions. He examined American bars, German beer halls, English pubs, Mediterranean wine shops, and French cafes. He concluded that each culture's drinking structure, its seating position, influenced that culture's group drinking interaction. When examining seating preferences, individulas tended to sit closer to their peers and farther away from higher and lower status individuals in a study by Lott and Sommer (1967).

Territorial Behavior

Another interesting aspect of seating positions is territorial behavior. Does an individual generally sit in a position that another member usually sits? Calsyn (1976) observed that at Loyola University,

11 organziations usually sat in the same places in the student union. Intruders were told to sit down at these 11 organization groups and engage in eating or studying. They were instructed not to initiate conversation until they had been talked to by the established group members. They were then told to act friendly. The results showed that females directed more communication and friendlier interaction to the intruders than the males did.

Several studies explored how territorial preference affects leadership. De Long (1973) found that territorial seating (where the individual sits) and leadership were positively correlated when the territorial seat was in a central location. Rosenthal and De Long (1972) found that seating changed as leadership and subgroup affiliations changed. De Long (1971) showed that subjects who were closer to the leader would be more prominent. Subjects closer to the leader had more stature than those farther away.

Leadership and Seating Position

It is interesting to note that seating positions do have an affect on where leadership emerges. Ward (1968) studied 120 male college students. Forming 24 five-man discussion groups, he left eight chairs for each five member group. The group members were told three of the members did not show up. Each group was also sat in the same positions as the other groups. Three members were always adjacent to one another and the other two members had an empty chair on each side of them. Ward determined which of the seating positions were visible and which were more physically central. The subjects were told to discuss a case history for 30 minutes. At the end of the experiment, each member was asked to rank each member on leadership qualities. Ward found that physical centrality was more important to leadership emergence than the visibility of the seating position to most members of the groups. He also found that in a new group, members who faced most of the other members and who did a lot of talking were perceived to be leaders.

In another study, Howells and Becker (1962) found that seating positions influenced the flow of communication and leadership emergence. They showed that a greater number of leaders came from the two sided position than would be expected. One other side had three seats. Equal problem solving tasks were given to all five seats. The experiment supported the fact that the flow of communication affects leadership emergence. Because all five seats had an equal flow in communication, the two seats on one side exerted more influence than expected.

Another area of interest is the influence that a leader can have on altering group interaction in an established seating position. Hearn (1957) found that in groups which were minimally led, the members tended to make more comments to those who were opposite them, who were in their

line of vision, and who were at a greater distance than their neighbors. In groups that had more leading and more training, it was found that the members make more comments to their neighbors than to those who were opposite them.

Conclusions

Seating positions affect group interaction. Centrality, seating size and distance, status, culture, territorial behavior, and leadership emergence influence group interaction.

Central seating positions were found to provide higher group performance, cohesive group development, stability, and more interaction (Bavelas, 1968; Leavitt, 1951; Michelini; Passalacqua and Cuismano, 1976; Holahan, 1972; Greenberg, 1976; Hare and Bales, 1963; and Minton, Steiger and Smrtic, 1968).

In examining seating distances in seating positions, several interesting facts about sex differences, cooperation, competition and behavior were noted. The findings indicated that (1) males were more competitive whereas females were more cooperative in groups, and competitive groups operated more effectively with greater seating distance (Epstein and Karlin, 1975; and Seta and Schkade, 1976); (2) males and females sat closer to female members (Giesen and McClaren, 1976; Giesen and Hendrick (1977); and (3) individuals will sit further away when they are unsure of their role in situations (Greene, 1976; Morrison and Thomas, 1975; and Barash, 1972).

Status and culture have an impact on seating positions. Lott and Sommer (1967) indicated that individuals tend to sit with peers. Ingham (1974) and Csikszentmihalyi (1968) noted cultural and structural differences in seating positions.

Several studies on territorial behavior were also discussed. Females tend to be friendlier to intruders than males (Carsyn, 1976), and territorial positions change when leaderships change (De Long, 1973; Rosenthal and De Long, 1972).

Leadership in seating positions emerge from group members who are centrally located, talk frequently, and are in the flow of communication (Ward, 1968; Howell and Becker, 1962; and Hearn, 1957).

Counselors today are deeply involved in groups. Whether the groups are classes, training seminars, or evaluation committees or whether the groups are for personal development, career skills, life planning, study skills, leadership training, seating positions will affect the communication between group members. To be aware of how central positioning of group members can increase group performance, cohesiveness, and stability is important. To know that competitiveness if facilitated by more dis-

tance is helpful if the leader is trying to create a competitive atmosphere. Cooperation between members can be enhanced by seating members closer together.

Noting sex differences in seating position is another valuable asset. Male counselors will understand when members sit closer to female co-leaders. Staying in tune with members on the periphery of a group may help them if they feel inadequate. Knowing that security seeking behavior is frequent for loners in unfamiliar surrounding is another plus. Keying in on cultural differences in seating positions is also helpful. (Counselors will know Swedes like face-to-face seating positions whereas English prefer right angle positions.) Leaders can utilize research that shows central seating positions frequently create leaders.

Seating positions are powerful factors in the communication process. Seating distance, status, territorial behavior, individual positions, centrality, and leadership can inhibit or enhance the communication between group members. Understanding these intricacies can make counselors better group facilitators. Counselors can utilize their knowledge about seating positioning to help group individuals move towards fulfilling their individual and group needs.

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Assertiveness Training as it Relates to Couples Therapy

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Assertiveness Training as it Relates to Couples Therapy

In 1949 Andrew Salter became the founder of Assertiveness Training, as a therapeutic approach to increasing personal effectiveness with his book Conditioned Reflex Therapy. Salter described excitation, which he later stated is similar to assertion, as a "matter of emotional freedom." He (Slater, 1949) noted that excitatory (assertive) responses must be honest, direct, outward, energetic, unaffected, and free of anxiety. Two additional leaders in the field of assertiveness training are Joseph Wope (1958) and Arnold Lazarus (Wolpe and Lazarus, 1966), who more clearly differentiated assertion from agression. Lazarus (1972) viewed assertiveness as combining honesty and appropriate expression of one's thoughts and feelings in a direct, open manner. This is an elaboration of Rathus' (1972) premise which focused on the expression of honest feelings. Wolpe (1973) saw assertiveness including the appropriate expression of emotion, other than anxiety toward another. Alberti and Emmons (1978), also leaders in this field, wrote that:

> Behavior which enables a person to act in his or her own best interests, to stand up for herself or himself without undue anxiety, to express honest feelings comfortably or to exercise personal rights without denying the rights of others, we call assertive behavior (p.2).

The term assertive is commonly confused with agressive. It is therefore important to differentiate this term from aggressive and non-assertive behavior. According to Alberti and Emmons (1978), aggressive behavior is an ". . . inadequate response to anxiety in which a person depreciates others" (p. 11). The non-assertive person, on the other hand, is ". . . unable to assert his/her rights or act on his/her feelings under most circumstances" (p. 11).

Statement of Purpose

The purpose of this study is to investigate the literature about assertiveness as it relates to the relationship husbands and wives have toward each other. If it can be shown that assertive training enhances the married couple's relationship, not only will that be important for the adults involved, but also for the children who are in the family unit. Satir (1967) stated that a growing body of clinical observation and research points to how critically the marital relationship affects the children in the family. Bowen (1970), noted that when parents have an emotionally close relationship, and are more interested in each other than

their child, the child's mental health improved. Satir (1972) wrote that the marital relationship is the most important single factor in determining the health of the child.

Marriage in this era of high . . . can be viewed in a number of ways. According to Bane (1976) marriage is in the process of being destroyed. Skolnick (1978) however believes that marriage is in a period of transition and change. No matter how one views marriage, an additional purpose of this study is to determine whether assertiveness training enhances the satisfaction of the relationship of couples. If this could be shown to be true, professionals would have a valuable tool in working with couples.

Review of the Literature

The guidelines for an early form of assertiveness training were described by Salter (1949). However, Joseph Wolpe (1958) and Arnold Lazarus (1966), are generally acknowledged to be the major founders of assertiveness training as it is known today. The behaviorist, Wolpe (1958), systematized assertive training on the thesis that assertiveness "reciprocally inhibited" anxiety. He presents a conceptual framework and experimental data which represent significant elements of the foundation for assertiveness therapy. Wolpe (1973) believed that assertive training is required for persons who, in interpersonal contexts, have unadaptive anxiety responses that prevent them from saying or doing things about which they feel strongly. The suppression of feeling may lead to a continuing inner turmoil according to Wolpe (1973).

Many different types of treatment aim for the above-mentioned results. Lazarus (1971) stated that people who derive benefit from therapy, regardless of the type of treatment, often state that they have become ". . . more outspoken, less inhibited and able to stand up for their rights" (p. 115). However, according to Lange and Jakubowski (1976), assertiveness training incorporates the following basic procedures:

> (1) Teaching people the differences between assertion and aggression and between non-assertion and politeness; (2) helping people identify and accept both their own personal rights and the rights of others; (3) reducing existing cognitive and affective obstacles to acting assertively, e.g., irrational thinking, excessive anxiety, guilt and anger; and (4) developing assertive skills through active practice methods (p.2).

It is interesting to note that prior to 1970 relatively little interest had been shown in assertiveness training. However, in the seventies, many professionals and lay persons have become greatly interested in this form of therapy. Lange and Jakubowski (1976) believe that this interest

is an outgrowth of the cultural changes which occurred in the sixties. One of the important cultural changes seems to be that personal relationships began to be highly valued as a major source of self-worth and satisfaction in life. However many people have found themselves to be lacking in the skills needed for good personal relationships. A second important cultural change, according to Lange and Jakubowski (1976) is that the range of socially acceptable behavior has been vastly broadened. Again, many people have found that they lack the skills necessary to make choices or defend choices, once made, about how to behave. Now, in the seventies, many people are seeking ways to become personally more effective as well as to enhance their personal relationships (Lange and Jakubowski, 1976).

Relating assertiveness training to the relationship of married couples is fascinating and important, as well as complex. As Skolnick (1978) reports, it is difficult to point to a piece of marriage research that has the predictive value of some of the best studies in individual psychology. Even though there is discussion of marriage in the literature as it relates to assertiveness training, there is very little research in this area. This fact points to the need for further research.

In recent years, a number of studies of marriage have begun to explore some of the diversity of outwardly conventional marriages. One of the most well known of the descriptive studies is that of Cuber and Harroff (1965). Rather than studying marriages in crisis, they studied successful, normal, upper-middle class people. The authors discovered enormous variation within a group of stable marriages, thus destroying the myth that happy families are all alike.

Skolnick (1978) believed that marriage is in the process of being transformed. According to this author, marriages are becoming more varied, more equal, and more fragile. With all the change that is taking place, including the demand for personal fulfillment in marital relationships as well as the restructuring of sex roles, there is little wonder that there is tension and conflict within marriage relationships. Despite the many changes, most observers agree that the idea of marital commitment will continue to carry appeal. Jessie Bernard (1972), after a devastating critique of traditional marriage, wrote:

> The future of amrriage is as assured as any social form can be . . . for men and women will continue to want intimacy, they will continue to celebrate their mutuality . . . (p. 1128).

Virginia Satir (1972) believed that a new kind of learning between the sexes needs to take place. In the past, she stated, it was very easy to pit males and females against one another the old "battle of the sexes." She believed this is unnecessary and uncomfortable. The female is supposed

to be soft, yielding and tender, but never tough. The male is supposed to be tough, but never yielding and tender. Satir (1972) believes ". . . tenderness and toughness are qualities everyone needs" (p. 243). With the stereotypes, however, men often see women as weak and women often look upon men as cruel. It is easy to see why men and women have problems relating to one another. According to Satir, if people are cut off from soft feelings they can become dangerous robots. If they are estranged from tough feelings, they become parasites. Satir's (1972) frame of reference and that of assertiveness are very similar. She states that in vital and nurturing families ". . . self-worth is high; communication is direct, clear, specific and honest; rules are flexible, appropriate, subject to change; and the linking to society is open and hopeful" (p. 4). Lazarus (1971) indicates that as a result of gaining emotional freedom, individuals can experience reduced anxiety, close meaningful relationships greater self respect and social adaptability. Sidney Jourard (1971), another psychotherapist who stressed the importance of straight-forward and genuine communication, believed that because of fear of rejection, persons often do not disclose themselves to their partners. He stated, however, that in order to be loved, couples must permit themselves to be known. It is his belief that a great many divorces might be avoided if both partners are willing to authentically communicate and then, together, "re-invent" their marriage. I believe assertiveness training to be a valuable tool in marriage counseling because it has procedures which enable persons through re-education to become what Lazarus (1971), Jourard (1971), and Satir (1972) are describing.

Alberti and Emmons (1978) report that when a couple comes in for marriage counseling, almost invariably they are not communicating successfully. They see three situations as common: (1) the husband has been the "dominant decision maker" throughout the marriage, with the woman being the "dutiful head-nodder;" (2) the reverse situation in which the husband is passive and the wife dominant; and (3) neither partner is dominant, but they have not known each other's feelings and thoughts. These authors believe that since learning assertiveness changes relationships, it is preferable that both partners work on assertiveness.

It goes without saying, however, that assertiveness training is not a panacea. Also, of course, after learning to be genuine with each other, a couple could decide that it would be best for them to be separated.

Personal Observations

It has been my experience in working with clients in assertiveness training groups that as women and men learn to be more direct and honest with their feelings, a pronounced improvement in relationships often occurs, as well as a striking advance in the clients' feelings of self esteem. I have also discovered that as couples learn assertiveness

skills, their relationships with their children often improved. It would be interesting to study whether the self esteem of children increases after their parents have assertiveness training.

I have personally found that learning assertiveness has been rewarding and growth-producing. It is my feeling that counselors and clients in general could benefit substantially from knowledge and use of assertiveness.

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